Editorials

Troublesome Trends

IF ONE LOOKS upon our society as a kind of living organism, which in many ways it is, one can be troubled by a number of things we are doing both to and for our societal health. The long-term health and well-being of any species or society, or nation for that matter, depend more on the health of its young than on that of its elderly. Looked on in this way, are we protecting our elderly at the expense of our youth? Put another way, are we rewarding the past at the expense of preparing for the future? And what has been and should be the part played by medicine and the medical profession? In this view there appear to be some troublesome trends in this nation in health, education and the allocation of resources.

Profound changes are occurring in the demography of our population. The proportion of elderly is increasing and most of these people are white. The numbers of the young are also increasing, particularly among the nonwhite population. It is expected that in California, for example, soon after the turn of the century the whites in the population will be in a minority. It is known that the health status of many of these nonwhite minorities is below that of the population as a whole, and many more of them are educationally disadvantaged. These trends are disturbing if indeed our society can be compared to a living organism or species that seeks fitness for survival. These trends are equally disturbing if society is viewed as an economic organism in a tough world of economic competition with other nations, too many of which have already achieved higher rates of literacy, for example, than have we.

When one looks at how we as a nation allocate some of our resources, one senses that rewarding the past is a higher priority than preparing for a healthy biologic and economic future. Social Security payments to the elderly are sacrosanct whether they are needed or not, and in the private sector the elderly can receive many goods and services at reduced cost just because they are senior citizens. In health care it is clear that, for whatever reason, the elderly use a disproportionate share of the resources, much of this at public expense. At both ends of the life span, public espousal of the right to life results in enormous expense for sophisticated care when there is little expectation there will be any quality or usefulness for a life that is saved or prolonged. And at the same time it has been difficult and often impossible to find adequate resources to improve the health of the young. Similarly difficult to find have been resources to improve the quality of the school systems in which the young should be educated, not only to be literate but also to compete effectively as persons and as a nation in a highly technologic and increasingly interdependent world. And one can only wonder how much the fact that the elderly vote, and the young cannot, has had to do with the allocation of resources for health and education. But this seems to be the way our democratic system is working.

Now, what has been and what ought to be the responsibility of medicine in all of this? Medical science and technology have contributed enormously to the changing demography. They have contributed substantially to survival among both the young and the elderly. But in the general population, health has not improved as much with modern health care as was expected, and this disappointment has resulted in something of a backlash against the profession. It cannot be gainsaid, however, that medicine and medical technology, or the lack of them, have been a principal cause of many of the troublesome trends we see developing, especially if we view our society as a biologic or economic organism competing for health and survival.

One may reasonably ask, is there a flaw in our democratic system that seems to favor the elderly who are its past, at the expense of the young who are its future? And is there a flaw in our health care system that emphasizes high-tech patient care even when there is little to be salvaged, while cutting back on needed health care for minority and other groups who have higher rates of illness and mortality, and whose young are going to be an increasing portion of the population? And is there a profession that can understand the analogy of a human society to a biologic system, and call attention to what can only be a real challenge to our democratic system, our educational system and our health care system if we as a nation are to continue to be competitive in the world of tomorrow?

There is a glimmer of hope. It comes not so much from the medical profession as from patients and the people themselves. There is a recent and apparently growing emphasis on mental and physical fitness. But this is only a tiny beginning of what must be done if we are to assure that our society is to be a biologically healthy and economically effective organism, well prepared for health and survival in what may be a fiercely competitive future. The troublesome trends should be recognized for what they forecast for our society and our nation. Aware or not, the medical profession is positioned to play an important and leading role.

MSMW

Lung Cancer—Bad News, Good News

WE have much bad news about lung cancer, but we also have some good news to give us hope for the future.

As detailed by Pett, Wernly and Akl in their elegant review of the lung cancer problem, the epidemic of this disease continues to worsen. Lung cancer remains the number one cancer killer of men and causes more deaths than the next five most common cancers of men combined: cancers of the prostate, colon and rectum, pancreas, stomach and leukemia. Lung cancer is now the most common cause of cancer death in women, having surpassed cancer of the breast for the first time in 1985.

There are a few reports, however, that promise to ease the gloom about the future. In 1979 Auerbach and associates[1] reported on a study of the precancerous changes in the bronchial epithelium of a group of men who died between 1955 and 1960 and compared them with those of a group who died between 1970 and 1977. They found serious abnormalities much less frequently in the group who died during the latter